

Revision: HCFA-PM-87-4 (BERC)  
March 1987

OMB No. 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OHIO

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Revision: HCFA-PM-91-4 (BPD)  
August 1991

1

OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: OHIO

Citation As a condition for receipt of Federal funds under title XIX of the  
42 CFR 430.10 Social Security Act, the

Office of Medical Assistance  
(Single State Agency)

Submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

TN: 12-014  
Supersedes:  
TN: 00-013

Approval Date: 2/6/13  
Effective Date: 09/10/2012

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State: OHIO

## SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation  
42 CFR 431.10

### 1.1 Designation and Authority

- (a) The Office of Medical Assistance is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

TN: 12-014  
Supersedes:  
TN: 00-013

Approval Date: 2/6/13  
Effective Date: 09/10/2012

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State: OHIO

- Citation                  1.1(b)      The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which related to blind individuals.
- Yes. The State agency so designated is \_\_\_\_\_.  
This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.
- Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

TN: 12-014  
Supersedes:  
TN: 00-013

Approval Date: 2/6/13  
Effective Date: 09/10/2012

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State: OHIO

Citation

42 CFR 431.10

1.1(d)

- The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.
- Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

TN: 12-014

Supersedes:

TN: 76-54

Approval Date: 2/6/13

Effective Date: 09/10/2012

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State: OHIO

Citation: 1.2 Organization for Administration  
42 CFR 431.11

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the Medicaid agency itself, named in paragraph 1.1(a), has been designated as the medical assistance unit. ATTACHMENT 1.2-A contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1 (a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.  
 Not applicable. Only staff of the agency named in paragraph 1.1 (a) make such determinations.

TN: 12-014  
Supersedes:  
TN: 74-15

Approval Date: 2/6/13  
Effective Date: 09/10/2012

Revision: HCFA-AT-80-38  
May 22, 1980 (BPP)

State: OHIO

Citation

42 CFR  
431.50(b)

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

- The plan is State administered.
- The plan is administered by the political subdivisions of the State and is mandatory on them.

TN: 12-014

Supersedes:

TN: 74-15

Approval Date: 2/6/13

Effective Date: 09/10/2012

## State/Territory: OHIO

Citation  
42 CFR 431.202

4.2 (Continued)

- (A) A previous existing authorization for payment of long term care facility services shall be considered to continue in the following cases:
- 1) When a recipient transfers from one certified long term care facility (LTCF) to another similarly certified LTCF without interruption of service and the documentation for level of care review is submitted to the agency named in paragraph 1.1(a) in accordance with Ohio Administrative Code.
  - 2) When a recipient returns from a hospital to the same or any similarly certified LTCF after exhaustion of his/her reserved bed days, pursuant to 42 CFR 447.40 and the documentation for level of care review is submitted to the agency named in paragraph 1.1(a) in accordance with Ohio Administrative Code.
  - 3) When a recipient returns to the same or similarly certified LTCF from visits with friends or relatives or participation in therapeutic programs within 30 days after exhaustion of his/her reserved bed days, pursuant to 42 CFR 447.40 and the documentation for level of care review is submitted to the agency named in paragraph 1.1(a) in accordance with Ohio Administrative Code.
  - 4) When a recipient is determined by the agency named in paragraph 1.1(a) to no longer be in need of long term care facility services, the recipient, and/or responsible party shall be sent written notice in accordance with 42 CFR 435.919 prior to termination of payment for long term care facility services.
- (B) A completed application for a determination of the need for LTCF services will not be denied by the agency named in paragraph 1.1(a) or its designee until a qualified medical professional, whose qualifications include being a registered nurse, conducts a face to face assessment of the applicant/recipient.

TN: 12-014  
Supersedes:  
TN: 88-23

Approval Date: 2/6/13  
Effective Date: 09/10/2012

Revision: HCFA-PM-91-4 (BPD)  
August 1991

OMB No. 0938-

State/Territory: OHIOCitation

7.4

42 CFR 430.12

(b)

State Governor's Review

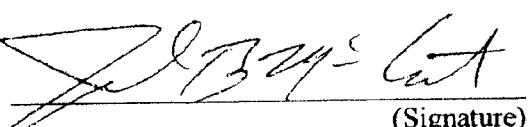
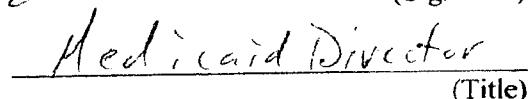
The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services with such documents.

 Not applicable. The Governor -- Does not wish to review any plan material. Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of the

Office of Medical Assistance  
(Designated Single State Agency)

Date:

7-26-12  
(Signature)  
(Title)TN: 12-014Approval Date: 2/6/13

Supersedes:

Effective Date: 09/10/2012TN: 91-19

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State of Ohio

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The Office of Medical Assistance is the single state agency responsible for:

administering the plan.

The legal authority under which the agency administers the plan on a statewide basis is:

Section 5111.01 and Section 5101.47 of the Ohio Revised Code  
(statutory citation)

supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in:

Sections 5111.01 and 5111.02 of the Ohio Revised Code  
(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is:

Sections 5111.01 and 5111.02 of the Ohio Revised Code  
(statutory citation)

JAN 30, 2013

Date

Mike Dewine

Signature

Ohio Attorney General  
Title

TN: 12-014

Supersedes:

TN: 81-9

Approval Date: 2/6/13

Effective Date: 09/10/2012

**ORGANIZATION AND FUNCTION OF STATE AGENCY**  
**42 CFR 431.11 (c)**

The agency named in paragraph 1.1(a) is the single state agency.

TN: 12-014  
Supersedes:  
TN: 80-27

Approval Date: 2/6/13  
Effective Date: 09/10/2012

## **State Plan For Title XIX State of Ohio**

### **Attachment 1.2-A**

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As Of 8/27/2012

#### TABLE OF ORGANIZATION

DIRECTOR'S OFFICE  
16500002

Legend  
Intern  
Extern  
Vacant  
T

CSO  
200376  
Deputy  
Manly

20046389 (22)	MHS Adm 3 Patrick Tighe
---------------	----------------------------

NAME: Jeffrey Runkle  
GRADE: 12

**Long Term Care Unit**

Angela Early	20045451 (22)
MHS Adm 1	Roy Sutton

MHS Adm 1  
Vacant 4/8/12  
**Bunkie**  
20046480 (14)  
Prov Recd Analyst 1

20045445 (14) Lisa Bowman  
Prov Reim Analyst 2 20046481 (14)

Prov Reim Analyst 1  
Charles Carmico

Prov Reim Analyst 1  
Annette Stone  
Acc't Clerk 3  
20045446 (09)

Michael Henry  
20046500 (14)  
Prov Reim Analyst I

Prov Reim Albyst  
Luyenia Johnson  
02-14-001 00-00

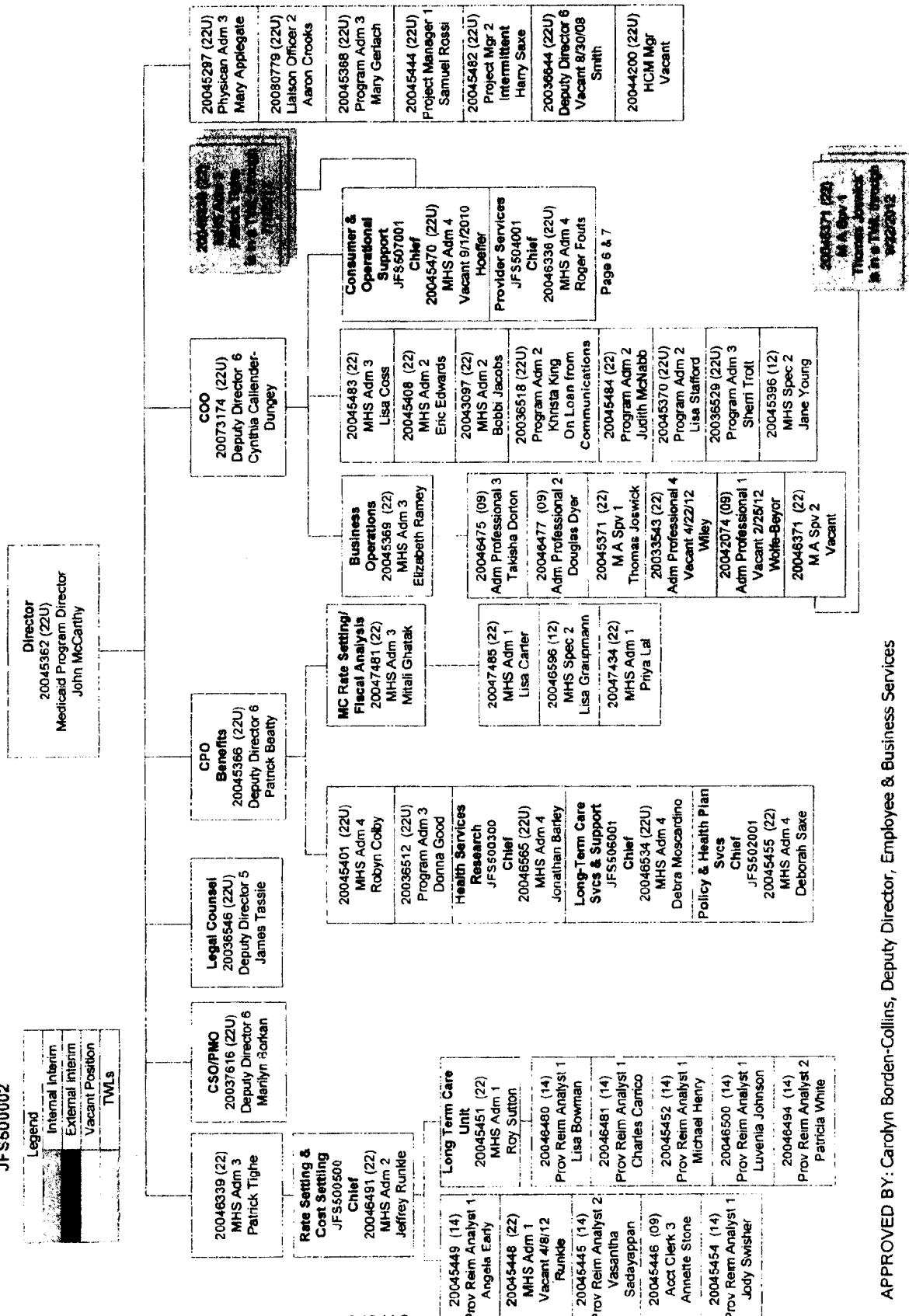
Prov Reim Analyst 2  
20046494 ('14)  
Patricia White

TN: 12-014

Approval Date: 2/6/13

**Supersedes:**

Effective Date: 09/10/2012



**APPROVED BY:** Carolyn Borden-Collins, Deputy Director, Employee & Business Services

**State Plan For Title XIX  
State of Ohio**

Attachment 1.2-A

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As Of 8/27/2012

**TABLE OF ORGANIZATION**

**DIRECTOR'S OFFICE**  
**CSO/PMO**  
JFSS500002

20037616 (22U)  
Deputy Director 6  
Marilyn Borkan

**OHP Project Management**  
JFSS500100  
20045377 (22U)  
Project Mgr 3  
Vacant 8/7/2011 Burk

20046374 (22)  
MHS Adm 3  
Lynn Boyle

20041060 (14)  
Bus Process  
Analyst 2  
David Ferguson

On Loan from OIS  
20047541 (12)  
Business Analyst  
Mark Bungart

20040990 (14)  
Software Dev Spec

4  
Mark Cronley

On Loan from OIS

20042054 (14U)  
Mgt Analyst  
Intermittent  
Martha Lang

20042096 (22U)  
MHS Adm 2  
Intermittent  
Linda Schutte

20042090 (14U)  
Mgt Analyst  
Intermittent  
Doodan

20045397 (22U)  
Project Mgr 2  
James Downie

20036726 (14U)  
Mgt Analyst  
Intermittent  
Robert Feller

20042067 (22U)  
Project Mgr 2  
Vacant 9/25/11  
Prideau

20045397 (22U) Project Mgr 3 Cynthia Arhami	20045385 (22) M A Spv 2 Betty Birt	20045389 (22) Project Mgr 3 Robert Bergin	20045385 (22U) M A Spv 2 Betty Birt	20045389 (22) Project Mgr 3 Jamileh Assaf	20045385 (22U) M A Spv 2 Betty Birt	20045389 (22) Project Mgr 3 John Mack
20048592 (22U) Project Mgr 1 Intermittent Timothy Ferguson	20041997 (22U) Program Adm 2 Judy Wiley	20045471 (22) Project Mgr 1 Erin Higgins	20036694 (22U) Project Mgr 1 Aaron Cyndus	20036538 (22U) Project Mgr 1 Marguerite Marsh	20036537 (22U) Project Mgr 1 Tara Stant	20045378 (22) Project Mgr 2 George Ebner
20045395 (22) MHS Adm 3 Jennifer Langios	20047482 (22) MHS Adm 1 Vacant 4/8/12 McIntyre	20047502 (22) MHS Adm 2 Karen Langer-Gault	20035876 (14U) Mgt Analyst Intermittent Emilie Esmont	20032511 (22U) Project Mgr 1 Abi-Alsi	20047542 (22) MHS Adm 3 Vacant 8/7/12 Hollinger	20040932 (22) MHS Adm 1 Vacant 8/12/12 Marsh
200536998 (14U) Mgr Analyst Intermittent David Pryor	20036878 (14U) Mgr Analyst Intermittent Vacant 8/4/12	20035780 (22U) Project Mgr 2 Vacant	20036537 (22U) Project Mgr 2 Vacant 12/18/10	20045384 (12) Business Analyst Vacant 7/16/12 Stant	20045382 (12) Business Analyst Thomas Chapman	20045382 (12) Business Analyst Thomas Parrott
20053699 (14U) Mgr Analyst Intermittent Vicki Hornung	20042053 (14U) Mgr Analyst Intermittent Vacant 8/4/12	20043814 (22U) Project Mgr 1 Vacant	20036537 (22U) Mgt Analyst Intermittent Vicki Shaw	20045382 (12) DBO/cso/ Federal & State Compliance	20045382 (12) Business Analyst Thomas Parrott	20045382 (12) Business Analyst Thomas Parrott
20040991 (14U) Mgr Analyst Intermittent Vacant 5/5/12	20042054 (14U) Mgr Analyst Intermittent Martha Lang	20043814 (22U) Project Mgr 1 Vacant	20041052 (14) Software Dev Spec 2	20037829 (22U) Project Mgr 2 Thomas Chapman	20045382 (12) Business Analyst Thomas Parrott	20045382 (12) Business Analyst Thomas Parrott
20042096 (22U) Mgt Analyst Intermittent Doodan	20036782 (14U) Mgt Analyst Intermittent Carol Lowy	20043814 (22U) Project Mgr 1 Vacant	20041052 (14) Software Dev Spec 2	20043051 (98U) College Intern Habteab Gabreab	20043051 (98U) College Intern Habteab Gabreab	20043051 (98U) College Intern Habteab Gabreab
20042090 (14U) Mgt Analyst Intermittent Robert Feller	20042067 (22U) Project Mgr 2 Vacant 9/25/11 Prideau	20042067 (22U) Project Mgr 2 On Loan from OIS	20041052 (14) Software Dev Spec 2	20043051 (98U) College Intern Habteab Gabreab	20043051 (98U) College Intern Habteab Gabreab	20043051 (98U) College Intern Habteab Gabreab

APPROVED BY: Carolyn Borden-Collins, Deputy Director, Employee & Business Services

TN: 12-014

Supersedes:

TN: 80-27

Approval Date: 2/6/13

Effective Date: 09/10/2012

TABLE OF ORGANIZATION  
DIRECTOR'S OFFICE  
**LEGAL COUNSEL**  
JFS500002

As Of 8/27/2012

**State Plan For Title XIX  
State of Ohio**

**Attachment 1.2-A  
Page 4 of 10**

<b>Legal Counsel</b>
20036558 (22U) Attorney 5 Jennifer Adair
20036553 (22U) Attorney 5 Marilyn Brodnik
20036554 (22U) Attorney 6 Bonnie Clevenger
20036551 (22U) Attorney 5 David Dokko
20036557 (22U) Attorney 5 David Espinoza
20036547 (22U) Attorney 5 Karen Lazanshak
20036551 (22U) Attorney 5 Joel Lodge
20036550 (22U) Attorney 6 Monalynne Webi

TN: 12-014  
Supersedes:  
TN: 80-27

Approval Date: 2/6/13  
Effective Date: 09/10/2012

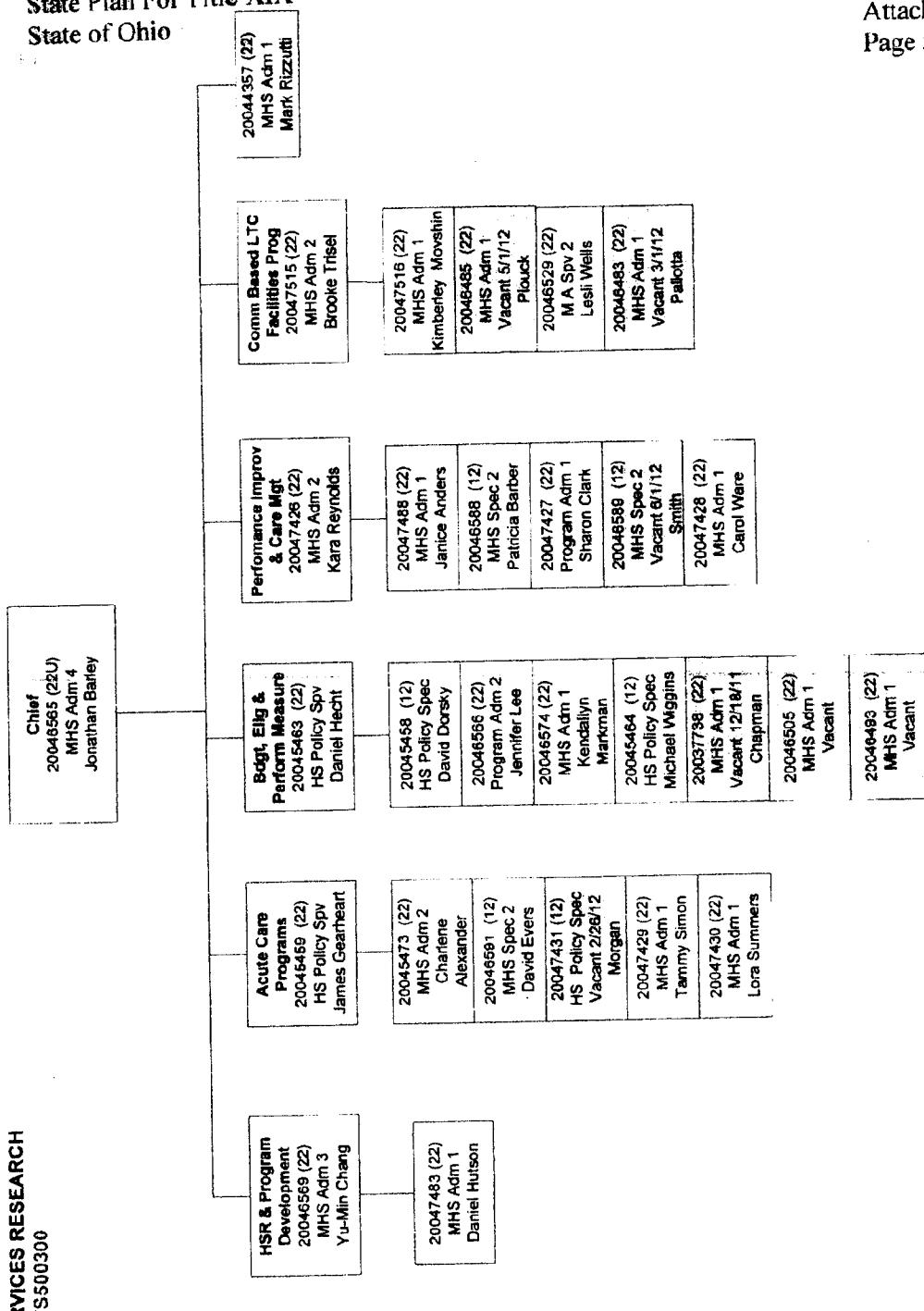
APPROVED BY: Carolyn Borden-Collins, Deputy Director, Employee & Business Services

4-1 TABLE OF ORGANIZATION

**HEALTH SERVICES RESEARCH**  
JFS500300

As Of 8/27/2012

**State Plan For Title XIX  
State of Ohio**



TN: 12-014  
Supersedes:  
TN: 80-27

Approval Date: 2/6/13

Effective Date: 09/10/2012

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APPROVED BY: Carolyn Borden-Collins, Deputy Director, Employee & Business Services

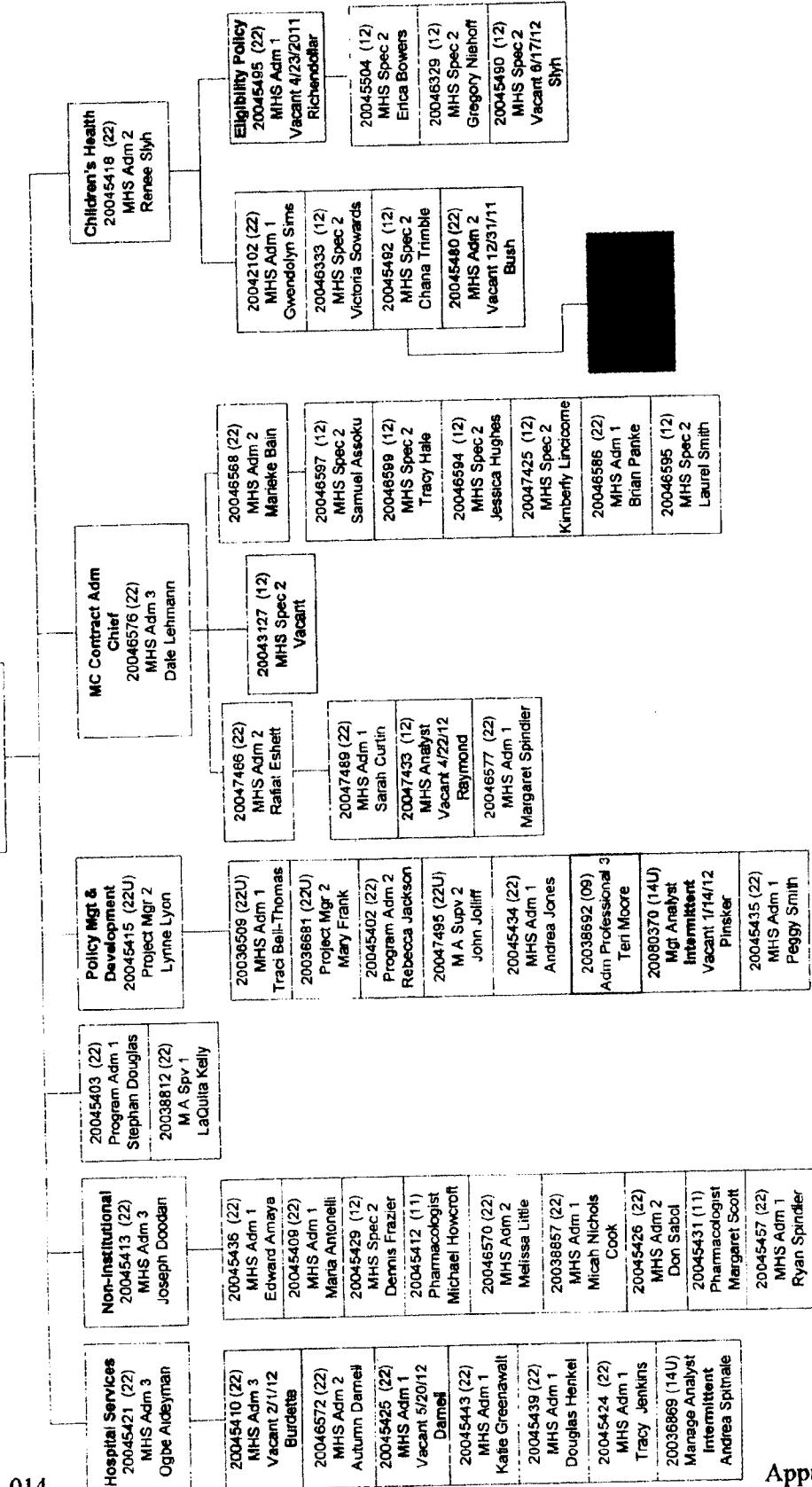
**TABLE OF ORGANIZATION**

**DIRECTOR'S OFFICE  
POLICY & HEALTH PLAN SVCS**

JFS502001

TN: 12-014  
Supersedes:  
TN: 80-27

<b>Chief</b>	20045455 (22) MHS Adm 4 Deborah Saxe
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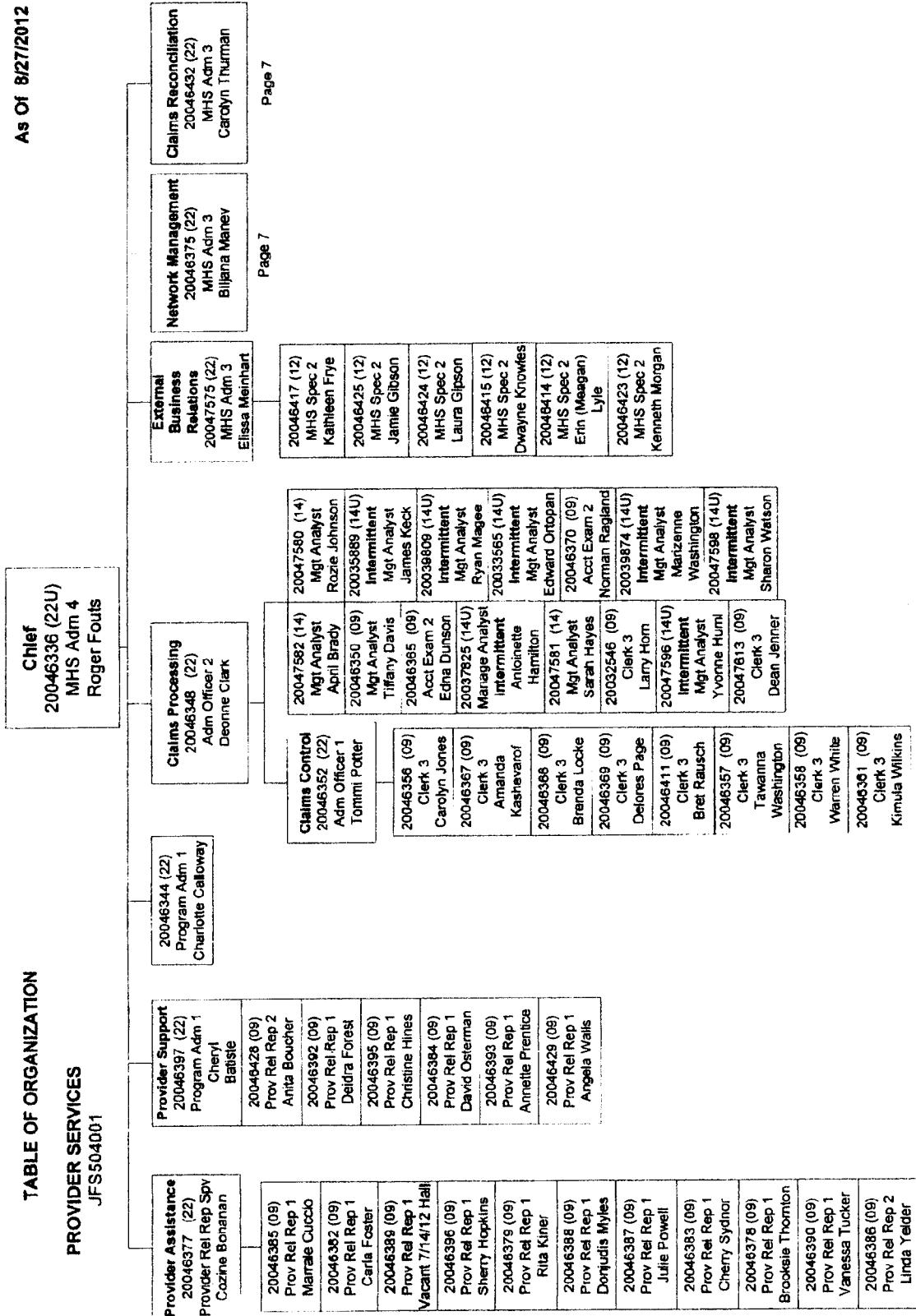
APPROVED BY: Carolyn Borden-Collins, Deputy Director, Employee & Business Services

Approval Date: 2/6/13

Effective Date: 09/10/2012

As Of 8/27/2012

**TABLE OF ORGANIZATION**  
**PROVIDER SERVICES**  
**JFS 504001**



TN: 12-014

Supersedes:

TN: 80-27

Approval Date: 2/6/13

Effective Date: 09/10/2012

As Of 8/27/2012

**State Plan For Title XIX**  
**State of Ohio**

Attachment 1.2-A

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APPROVED BY: Carolyn Borden-Collins, Deputy Director, Employee & Business Services

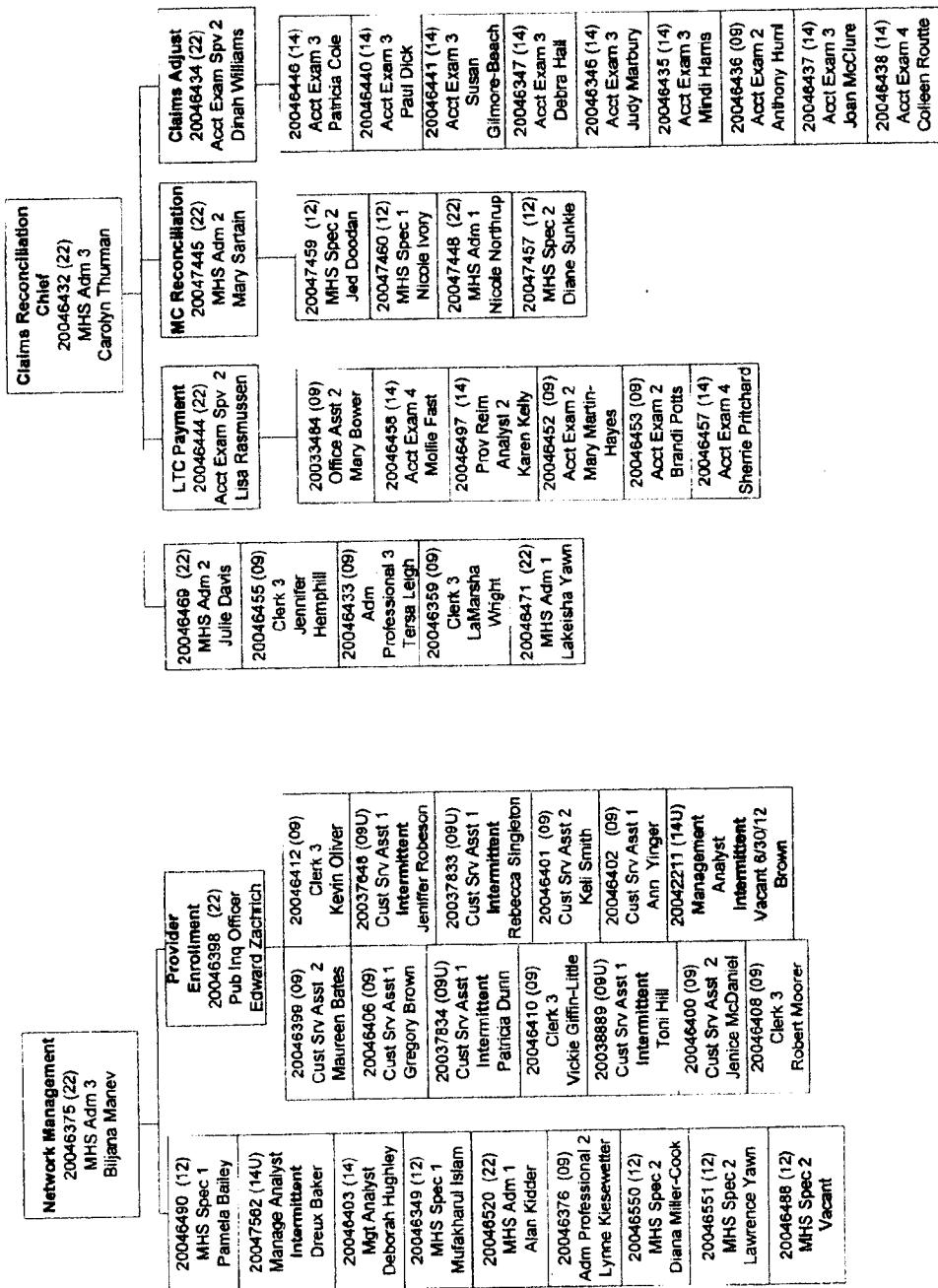
## TABLE OF ORGANIZATION

**PROVIDER SERVICES**  
**CLAIMS SERVICES**  
**NETWORK MANAGEMENT**  
JESS504001

A# Of 8/27/2012

## **State Plan For Title XIX State of Ohio**

Attachment 1.2-A  
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TN: 12-014  
Supersedes:  
TN: 80-27

Approval Date: 2/6/13

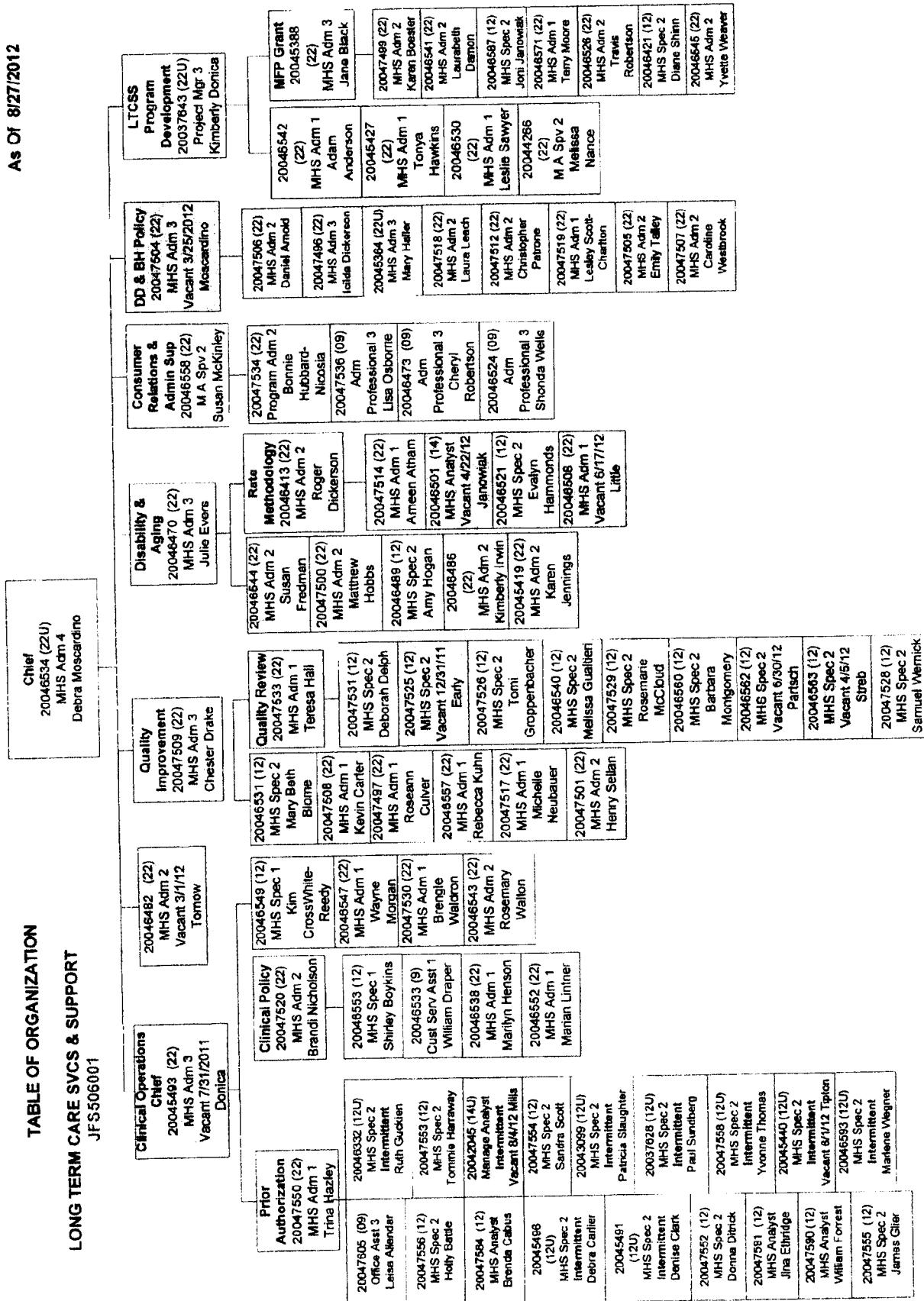
Effective Date: 09/10/2012

APPROVED BY: Carolyn Borden-Collins, Deputy Director, Employee & Business Services

## **State Plan For Title XIX State of Ohio**

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As Of 8/27/2012

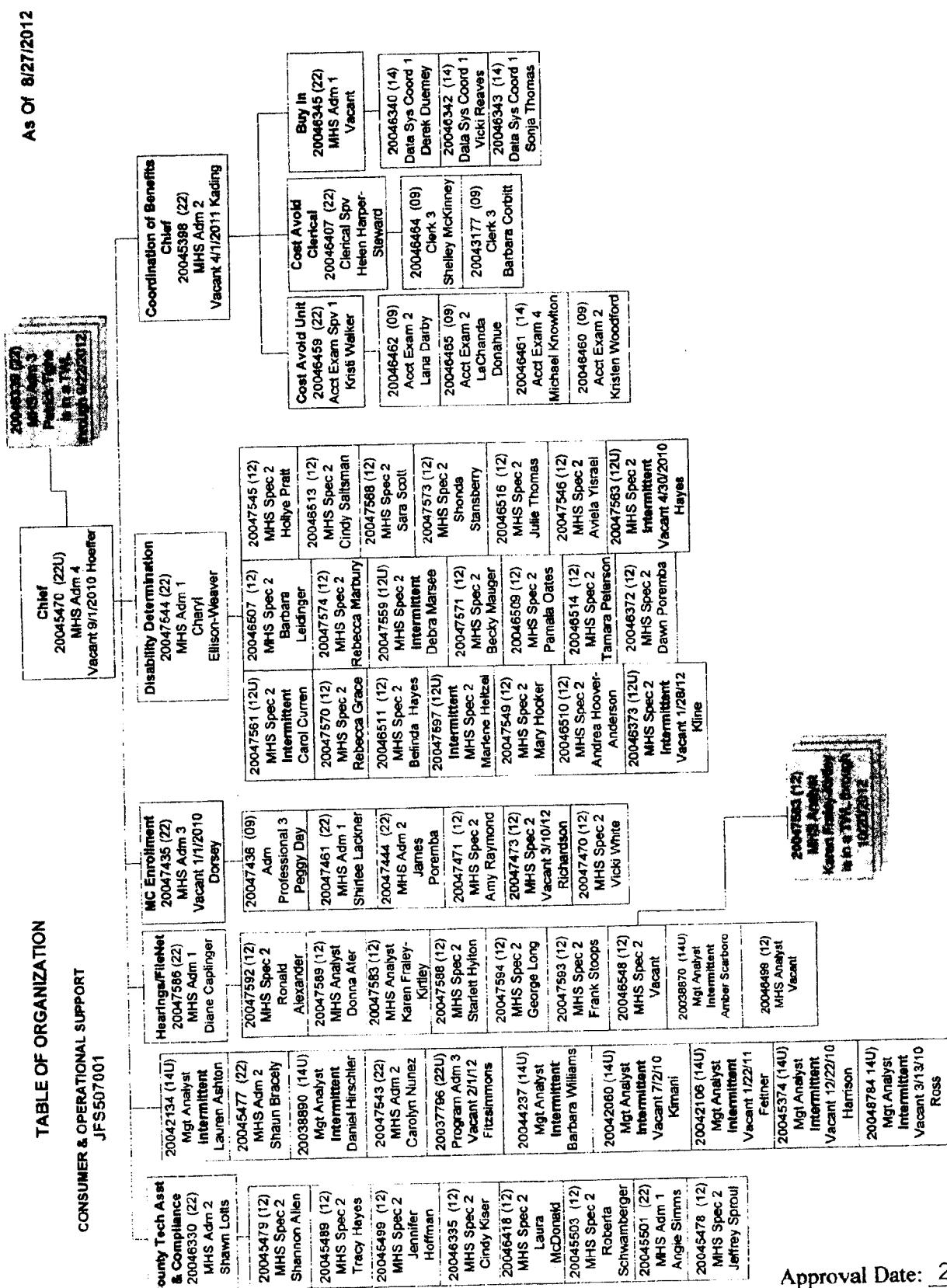


TN: 12-014 Approval Date: 2/6/13  
Supersedes:  
TN: 80-27 Effective Date: 09/10/2012

APPROVED BY: Carolyn Borden-Collins, Deputy Director, Employee & Business Services

## TABLE OF ORGANIZATION

**CONSUMER & OPERATIONAL SUPPORT**  
**JFS507001**



TN: 12-014  
Supersedes:  
TN: 80-27

Approval Date: 2/6/13

Effective Date: 09/10/2012

Attachment 1.2-A  
Page 10 of 10

APPROVED BY: Carolyn Borden-Collins, Deputy Director, Employee & Business Services

**ORGANIZATION AND FUNCTION OF MEDICAL ASSISTANCE UNIT**

**42 CFR 431.11(c)**

The agency named in paragraph 1.1(a) is the medical assistance unit responsible for developing Medicaid program policy. Within the agency, the Bureau of Policy and Health Plan Services is responsible for maintaining the State Plan.

TN: 12-014  
Supersedes:  
TN: 80-27

Approval Date: 2/6/13  
Effective Date: 09/10/2012

**PROFESSIONAL MEDICAL AND SUPPORTING STAFF**

The Medicaid agency includes professional medical, other skilled health care personnel (e.g., physician, nurses, pharmacologists, and others with professional education and training in the field of health care), and support staff whose activities are directly necessary to carry out the functions of the Office.

All professional medical expertise is used to provide meaningful information for appropriate program planning and efficient operational services compatible with state and federal expectations.

TN: 12-014  
Supersedes:  
TN: 81-4

Approval Date: 2/6/13

Effective Date: 09/10/2012

**Description of Staff Making Eligibility Determinations**

**County Departments of Job and Family Services (CDsJFS)**

Per agreements between the single state agency and each CDJFS, the single state agency designates CDsJFS employees to perform eligibility functions. They review applications and verifications provided by the consumers, determine eligibility based on Medicaid eligibility requirements, and perform supportive services to assure access to and receipt of medically necessary health care services. They have responsibility for determinations for eligibility for covered groups identified in Attachment 2.2-A, "Groups Covered and Agencies Responsible for Eligibility Determination," with the exception of "Certain Women Needing Treatment for Breast or Cervical Cancer," as described under Attachment 2.2-A, Page 23b and referred to as "Breast and Cervical Cancer Program (BCCP) Medicaid." The county-based operations are not responsible for the determination of eligibility for BCCP Medicaid.

Everyone enrolled in Medicaid has access to a caseworker. Caseworkers answer questions that beneficiaries have about the Medicaid application and reapplication process.

**The Medicaid Agency (The Single state agency named in paragraph 1.1(a))**

Designated staff within the agency named in paragraph 1.1(a) are responsible for determination of eligibility for BCCP Medicaid, in accordance with Section 1902(a)(10)(A)(ii)(XVIII) of the Social Security Act and as described on Attachment 2.2-A, Page 23b.

TN: 12-014

Supersedes:

TN: NEW

Approval Date: 2/6/13

Effective Date: 09/10/2012

Revision: HCFA-PM-91-4  
August 1991

(BPD)

ATTACHMENT 2.2-A

Page 1

OMB No. 0938-

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OHIO

### GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

#### Agency\*

County Departments of Job and Family Services determine eligibility for all covered groups except Breast and Cervical Cancer Program (BCCP) Medicaid

The Single state agency named in paragraph 1.1(a) determines eligibility for BCCP Medicaid, in accordance with Section 1902(a)(10)(A)(ii)(XVIII) of the Social Security Act and as described on Attachment 2.2-A, Page 23b)

Citation(s)	Groups Covered
The following groups are covered under this plan.	

A. Mandatory Coverage – Categorically Needy and Other Required Special Groups

42 CFR 435.110

1. Recipients of AFDC

The approved State AFDC plan includes:

- Families with an unemployed parent for the mandatory 6-month period and an optional extension of N/A months. No time limit.
- Pregnant women with no other eligible children.
- AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

42 CFR 435.115

2. Deemed Recipients of AFDC

- a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

\*Agency that determines eligibility for coverage

TN: 12-014

Approval Date: 2/6/13

Supersedes:

TN: 91-25

Effective Date: 09/10/2012

HCFA ID: 7983E